

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

93

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH MAY 1 1963

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN TRENTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 703 MAIN STREETInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY GRUNDY

c. CITY OR TOWN TRENTON

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
703 MAIN STREETReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JENNIE JUNE PROCTOR

4. DATE OF DEATH

Month

Day

Year

APRIL 22 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-29-1887

9. AGE (last Birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

GRUNDY CO. MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM JEFFERSON GUM

13b. MOTHER'S MAIDEN NAME

MARTHA MARGARET SHIELDS

14. NAME OF HUSBAND OR WIFE

CONWAY PROCTOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

16. SOCIAL SECURITY NO.

17. INFORMANT

BERRY PROCTOR SPICKARD MO.

Address

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

This patient was found dead in bed 4-22-63

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

She had chronic Myocarditis so it would be

DUE TO (c)

assumed that she died of "Myocarditis"

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 9-1963 to April 22-1963 and last saw her alive on April 15-1963
Death occurred at indefinite time on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

K. H. Hessler M.D.

22b. ADDRESS

Trenton MO.

22c. DATE SIGNED

4-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-24-1963

23c. NAME OF CEMETERY OR CREMATORY

PROCTOR CEMETERY

23d. LOCATION (City, town, or county)

GRUNDY CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

WISE FUNERAL HOME SPICKARD MO

25. DATE RECD. BY LOCAL REG.

4-24-63

26. REGISTRAR'S SIGNATURE

Drene Jan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 14 1963

0402
0402

1
9
0
9

0-9
0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.